DBHDS Provider Capacity and Competency Workgroup Charter
QIC Approved September 21, 2020

Committee / Workgroup Name	Provider Capacity and Competency Key Performance Area (KPA) Workgroup
Statement of Purpose	The Provider Capacity and Competency KPA Workgroup is charged with responsibilities associated with collecting and analyzing reliable data related to the domains of access to services for people with developmental disabilities and provider capacity and competency. The KPA Workgroup also assesses whether the needs of individuals enrolled in a DD waiver are met, whether individuals have choice in all aspects of their selection of services and supports, and whether there are effective processes in place to monitors the individuals' health and safety. The KPA Workgroup establishes goals and monitors progress toward achievement through the creation of specific KPA performance measure indicators (PMIs). The Provider Capacity and Competency KPA Workgroup has established a goal reflective of its purpose: *Individuals have access to an array of services that meet their needs and providers maintain a stable and competent workforce, are able to meet licensing regulations and maintain compliance.*
Authorization / Scope of Authority	This workgroup has been authorized by the DBHDS Quality Improvement Committee (QIC). This workgroup's scope of authority includes identifying concerns/barriers in meeting the PMIs and implementing and/or recommending quality improvement initiatives. The subcommittee is to identify and address risks of harm, ensure the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated setting and evaluate data to identify and respond to trends to ensure continuous quality improvement.
Charter Review	The KPA Workgroup charter will be reviewed and/or revised on an annual basis, or as needed, by the Provider Capacity and Competency KPA Workgroup and submitted to the QIC for approval.
DBHDS Quality Improvement Standards	DBHDS is committed to a Culture of Quality that is characterized as: • Supported by leadership • Person Centered • Led by staff who are continuously learning and empowered as change agents • Supported by an infrastructure that is sustainable and continuous • Driven by data collection and analysis • Responsive to identified issues using corrective actions, remedies, and quality improvement projects as indicated
Model for Quality Improvement	Determine the: • Aim: What are we trying to accomplish? • Measure: How do we know that a change is an improvement?

	• Change: What change can we make that will result in improvement? Implement the Plan/Do/Study/Act Cycle: • Plan: Defines the objective, questions and predictions. Plan data collection to answer questions • Do: Carry out the plan. Collect data and begin analysis of the data. • Study: Complete the analysis of the data. Compare data to predictions. • Act: Plan the next cycle. Decide whether the change can be implemented.

Structure of Committee / Workgroup:	
Membership	**Voting Members:** Director, Provider Development Director, Office of Licensing Assistant Commissioner for Developmental Disability Services Senior Director, Clinical Quality Management Director, Community Quality Improvement Director, Office of Human Rights Representative, Office of Waiver Operations Representative, Office of Data Quality and Visualization Settlement Agreement Advisor Director, Office of Integrated Health Mortality Review Committee Clinical Manager Director, Office of Individual and Family Support Director, Office of Housing **Advisory Members (non-voting):** QI/QM Coordinator Others as determined by the Provider Capacity and Competency KPA Workgroup
Meeting Frequency	Meetings shall be held monthly, at least 10 times per year; additional meetings may be scheduled as determined by the urgency of issues.
Quorum	A quorum is 50% plus one of voting membership.
Leadership and Responsibilities	The Assistant Commissioner for Developmental Disability Services chairs the Provider Capacity and Competency KPA Workgroup. The chair will be responsible for ensuring the workgroup performs its functions. The chair may designate a co-chair as needed to assist.

The standard operating procedures include:
- Development and annual review and update of the committee charter
- Regular meetings to ensure continuity of purpose
- Maintenance of reports and/or meeting minutes as necessary and pertinent to the workgroup's function
- Analysis of PMIs to measure performance across the KPA
- Quality improvement initiatives are consistent with Plan, Do, Study, Act model
- Monitoring of surveillance data on a regular schedule

The KPA Workgroup will:
- Establish at least one performance measure indicator (PMI) for each domain identified as either an outcome or output measure
- Determine priorities when establishing the performance measure indicators (PMIs)
- Consider a variety of data sources for collecting data and identify the data sources to be used
- Measure performance across each domain and for PMIs falling below target, determine actions that are designed to raise the performance
- Assess PMIs overall annually and based upon analysis, PMIs may be added, revised or retired in keeping with continuous quality improvement practices
- Analyze data and monitor for trends quarterly
- Recommend quality improvement initiatives (QIIs) to the DBHDS Quality Improvement Committee (QIC) (at least one per fiscal year, based on data analysis)
- Implements QIC approved QIIs within 90 days of the date of approval
- Monitor progress of approved QIIs assigned to the workgroup and address concerns/barriers as needed
- Evaluate the effectiveness of the approved QII for its intended purpose
- Report to DBHDS QIC for oversight and system-level monitoring at least three times per year including identified PMIs, outcomes and QIIs
- Determines and finalizes surveillance data from a variety of sources. This data may be used for ongoing, systemic collection, analysis, interpretation, dissemination, and also serves as a source for establishing PMIs and/or quality improvement initiatives
- Monitors surveillance data in each of the domains associated with the KPA Workgroup and responds to identified trends of concerns
- Completes a committee performance evaluation annually that includes the accomplishments and barriers of the KPA Workgroup
- Demonstrates annually at least 3 ways in which data collection and analysis has been used to enhance outreach, education, or training
- Utilizes approved system for tracking PMIs, and the efficacy of preventive, corrective and improvement measures

- Develops and implements preventive, corrective and improvement measures where PMIs indicate health and safety concerns

Each PMI will contain the following:
- Baseline or benchmark data as available
- The target where results should fall above or below
- The date by which the target will be met
- Definition of terms included in the PMI and a description of the population
- Data sources (origins for both numerator and denominator)
- Calculation (clear formula for calculating the PMI utilizing the numerator and denominator)
- Methodology for collecting reliable data (complete and thorough description of the specific steps used to supply the numerator and denominator for calculation)
- The subject matter expert (SME) assigned to report and enter data on each PMI
- A yes/no indicator to show whether the PMI can provide regional breakdowns

Member Responsibilities:

Voting Members:
- All members have decision-making capability and voting status
- Members shall be responsible for entering, reviewing, and analyzing data related to the PMI as assigned
- Members shall be responsible for reviewing surveillance data prior to the scheduled review date and highlight areas of concern
- A quorum of members shall approve all recommendations presented to the QIC
- Members may designate an individual (designee) to attend on their behalf when they are unable to attend. The designee shall have decision-making capability and voting status. The designee should come prepared for the meeting.

Advisory Members (non-voting):
- Perform in an advisory role for the KPA Workgroup whose various perspectives provide insight on KPA Workgroup performance goals, outcomes PMIs and recommended actions
- Inform the committee by identifying issues and concerns to assist the KPA Workgroup in developing and prioritizing meaningful QI initiatives
- Supports the KPA Workgroup in performing its functions

Definitions: The following standard definitions as referenced in Part I of the Quality Improvement Plan (Program Description) are established for all quality committees:

	- Committee - Subject areas with expertise and accountability
	- Sub-committee - QIC is the overseeing quality committee and all other quality committees report into the QIC as sub-committees.
	    o Steering Committee - An advisory committee that provides direction, decides on priorities or order of business, and manages the general course of operations and reports to the QIC.
	    o Workgroup – Appointed by a quality committee or agency senior leader for a specific purpose or to achieve an outcome for a focused scope of work. Reports progress to and makes recommendations for a specific quality committee who is responsible for oversight
	    o Council – Members are nominated by other council members and DBHDS
	- Committee Chair - Responsible for ensuring the committee performs its functions, the quality plan activities and core monitoring metrics
	- Key Performance Area – DBHDS' three defined areas aimed at addressing the availability, accessibility, and quality of services for individuals with developmental disabilities. These areas of focus include Health, Safety and Well Being, Community Inclusion and Integration, and Provider Competency and Capacity.
	- Performance Measure Indicators (PMIs) – Include both outcome and output measures established by DBHDS and reviewed by the DBHDS QIC. Outcome measures focus on what individuals receive as a result of the services and supports they receive. Output measures focus on what the system provides or the products it uses. The PMIs allow for tracking the efficacy of preventative, corrective, and improvement initiatives. DBHDS uses these PMIs to identify systemic weaknesses or deficiencies, recommends and prioritizes quality improvement initiatives to address identified issues for QIC review and approval.
	- Quality Management (QM) Plan - Ongoing organizational strategic quality management and improvement plan and serves as a monitoring and evaluation tool for the agency and stakeholders as well focuses on improving efficiency, effectiveness and output
	- Quality Improvement (QI) Initiative- Focuses on a specific area within a QM plan with identified actions